## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

09/939526

|   |  |   |  |                 |                                      |                  |          |                      |                        |         |                               | <del></del>            |
|---|--|---|--|-----------------|--------------------------------------|------------------|----------|----------------------|------------------------|---------|-------------------------------|------------------------|
|   |  | CLAIMS AS                               | FILED - P<br>(Column 1   |                 | (Column 2)                           |                  |          | Small entity<br>Type |                        | OR      | other than<br>Or small entity |                        |
| TOTAL CLAIMS  |  |   |  |                 |                                      |                  | [        | RATE                 | FEE                    |         | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED   |                 | NUMBER EXTRA                         |                  |          | BASIC FEE            | 370.00                 | OR      | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | <i>58</i> minus 20=  |                 | ά                                    |                  |          | X\$ 9=               |                        | OR      | X\$18=                        |                        |
| INDEPENDENT CLAIMS  |  |   | 4 minus 3 =  |                 | ά                                    |                  |          | X42=                 |                        | OR      | X84=                          |                        |
| MUL   | TIPLE DEPENI                                   | DENT CLAIM PI                           | RESENT   |                 |                                      |                  |          | +140=                |                        | OR      | +280=                         |                        |
| * If the difference in column 1 is less than zero, en   |  |   |  |                 | er "0" in c                          | olumn 2          |          | TOTAL                | 370                    | OR      | TOTAL                         |                        |
| CLAIMS AS AMENDED -   |  |   |  |                 | 7T 11                                |                  |          |                      | · \ 15215@\            | ,<br>OD | other<br>Small B              |                        |
|   |  | (Column 1)                              | Seminaria de la Companya de la Compa |                 | ımn 2)                               | (Column 3)       | 1        | SMALL                |                        | OR      | SWACE                         | ADDI-                  |
| AMENDWENT A   |  | CLAIMS REMAINING AFTER AMENDMENT        |  | NUI<br>PREV     | HEST<br>MBER<br>MOUSLY<br>D FOR      | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                          | TIONAL<br>FEE          |
|   | Total  | ÷                                       | Minus  | άrá             |                                      | =                |          | X\$ 9=               |                        | OR      | X\$18=                        |                        |
|   | Independent                                    | ¢                                       | Minus  | ***             |                                      | ]=               |          | X42=                 |                        | OR      | X84=                          |                        |
|   | FIRST PRESE                                    | ESENTATION OF MULTIPLE DEPENDEN         |  |                 |                                      |                  | <u>)</u> | +140=                |                        | OR      | +280=                         |                        |
|   |  |   |  |                 |                                      |                  |          | TOTAL                |                        | OR      | TOTAL                         |                        |
| ADDIT. FEE  |  |   |  |                 |                                      |                  |          |                      |                        |         |                               |                        |
|   |  | (Column 1) CLAIMS                       |  |                 | umn 2)<br>SHEST                      | (Column 3)       | <u> </u> | <u></u>              | ADDI-                  | 1       | <u></u>                       | ADDI-                  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT         |  | PRE             | IMBER<br>VIOUSLY<br>ID FOR           | PRESENT<br>EXTRA |          | RATE                 | TIONAL<br>FEE          |         | RATE                          | TIONAL                 |
|   | Total  | *                                       | Minus  | <del>ú</del> ú  |                                      | =                |          | X\$ 9=               |                        | OR      | X\$18=                        |                        |
| MER   | Independent                                    | <b>*</b>                                | Minus  | trárá:          |                                      | =                |          | X42=                 |                        | OR      | X84=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |  |                 |                                      |                  |          | +140=                |                        | OR      | +280=                         |                        |
|   |  |   |  |                 |                                      |                  |          | TOTAL<br>ADDIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEL           |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |  |                 |                                      |                  |          |                      |                        |         |                               |                        |
| AMENDMENT C   |  | CLAIMS REMAINING AFTER AMENDMENT        |  | HI<br>NI<br>PRE | GHEST<br>UMBER<br>VIOUSLY<br>AID FOR | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | AMERICA                                 | Minus  | ***             |                                      | =                |          | X\$ 9=               |                        | OR      | X\$18=                        |                        |
| Z ES  | Independent                                    | ά                                       | Minus  | thát t          |                                      | =                |          | X42=                 |                        | OR      | X84=                          |                        |
| N. C.   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                 |                                      |                  |          | +140=                | ╁──                    | 1       |                               |                        |
|   |  |   |  |                 |                                      |                  |          |                      |                        | OR      | <u> </u>                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |  |                 |                                      |                  |          | TOTAL<br>ADDIT. FEE  |                        | OP      | ADDIT. FE                     | E                      |
| •   |  | lumber Previously<br>Imber Previously ( |  |                 |                                      |                  |          |                      |                        | ox in c | column 1.                     |                        |